

OUTDOOR ADVERTISING (ODA) DISPLAY PERMIT APPLICATION

ODA-0002 (REV. 06/2006)

PERSONAL INFORMATION NOTICE:

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification to inspect all personal information in any record maintained on the individual by an identifying particular.

ADA NOTICE: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 653-3657 or TDD (916) 654-3880 or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

DO NOT WRITE IN SHADED AREAS

DISTRICT	COUNTY	ROUTE	POSTMILE	PERMIT NUMBER
ROAD / STREET				
CSR NUMBER		DATE GRANTED	APPLICATION NUMBER	
TEMPORARY PERMIT ISSUE DATE		FINAL PERMIT ISSUE DATE		
PERMIT EXPIRATION DATE				

COMPLETE ALL SECTIONS. ISSUANCE OF A PERMIT WILL BE DELAYED UNLESS ALL ITEMS ARE FILLED IN AND THE PROPER FEES REMITTED.

A COPY WILL BE RETURNED FOR YOUR RECORDS.

www.dot.ca.gov/oda**MAIL TO:** DEPARTMENT OF TRANSPORTATION, Division of Traffic Operations MS 36, ODA Branch, P.O. Box 942874, Sacramento, CA 94274-0001**SECTION 1 - FEES (NO CASH ACCEPTED BY MAIL)**

MAKE CHECK PAYABLE TO: DEPARTMENT OF TRANSPORTATION, OR PROVIDE THE INFORMATION BELOW TO CHARGE FEES TO VISA OR MASTERCARD.

(NOTE: Permit Fees not applicable at this time)

APPLICATION (non refundable)..... ☐ \$300PENALTY (required if display was placed prior to
obtaining permit) ☐ \$100PRELIMINARY REVIEW REQUEST (only if pre-view
is requested. If approved, \$100 will be applied
towards the application fee)..... ☐ \$200

TOTAL FEES PAID: \$ _____

METHOD OF PAYMENT: ☐ CASH ☐ CHECK NUMBER _____ ☐ VISA ☐ MASTERCARD Expiration Date: _____

CHARGE ACCOUNT NUMBER TOTAL FEES CHARGED AUTHORIZED SIGNATURE

SECTION 2 - DISPLAY TYPE (CHECK THE APPROPRIATE BOX (ES))☐ STATIC DISPLAY ☐ TRI-VISION/MESSAGE CENTER DISPLAY ☐ REDEVELOPMENT DISPLAY ☐ PRIVATE DIRECTIONAL DISPLAY ☐ PUBLIC DIRECTIONAL DISPLAY**SECTION 3 - APPLICANT**

PERMIT APPLICANT (Please print or type name of firm or individual desiring permit)

ODA LICENSED?

LICENSE NUMBER

☐ YES ☐ NO

STREET ADDRESS (CANNOT be a Post Office Box) CITY STATE ZIP CODE BUSINESS PHONE NO.

MAILING ADDRESS, IF DIFFERENT (Street Address or P.O. Box) CITY STATE ZIP CODE

SECTION 4 - PROPERTY

PROPERTY OWNER (Person in control of property upon which display is situated)

ASSESSOR'S PARCEL NO.

ZONING

STREET ADDRESS / P.O. BOX CITY STATE ZIP CODE BUSINESS PHONE NO.

SECTION 5 - DISPLAY LOCATION INFORMATION

COUNTY NAME	CITY NAME (if incorporated)	(circle) STATE ROUTE NUMBER OR ROAD / STREET NAME
FEET / MILES (Circle)	NAME OF NEAREST CROSSROAD, OVER / UNDERPASS	
ON THE N S E W SIDE OF		

IDENTIFY A BUSINESS ACTIVITY BY NAME THAT IS WITHIN 1,000 FEET OF THE DISPLAY LOCATION STREET ADDRESS OF THE BUSINESS ACTIVITY

SECTION 6 - DISPLAY CONFIGURATION**SECTION 7 - REQUIRED DOCUMENTS**

NOTE: V - Shaped structures are separate displays and require separate applications

COPY ☐ ONE SIDE ☐ BOTH SIDES ☐ 1/2 OF A V-SHAPED DISPLAY

PANEL HEIGHT LENGTH DISPLAY ID NUMBER (optional)

UPRIGHTS NUMBER SIZE MATERIAL ☐ METAL ☐ WOOD ☐ OTHER

ILLUMINATION? ☐ YES ☐ NO INDICATE FACING N S E W DISTANCE FROM BOTTOM PANEL TO GROUND

MESSAGE CENTER ☐ ELECTRONIC BOARD ☐ L.E.D. ☐ TRI-VISION

Applications submitted without ALL of the following documents will be returned:

- ☐ City or County written permission (Building Permit)
- ☐ Detailed plot map of the proposed display location
- ☐ Evidence of Property Owner's Consent
- ☐ Assessor's Parcel Map
- ☐ Assessor's Property Ownership Information
- ☐ Consent of Redelopment Agency (if applicable)

CHECK ONE

- ☐ An imprint is placed at the location
- ☐ An imprint will be placed by: _____ (Date)

SECTION 8 - SIGNATURE

NAME (Please print)	SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	BUSINESS PHONE NO.	DATE
ADDRESS	CITY	STATE	ZIP CODE

The applicant hereby agrees to place and maintain the advertising display described above in accordance with the provisions of the Outdoor Advertising Act, State Regulations, and local zoning ordinances. The applicant certifies that the statements made in this application are true, and understands that an incorrect statement of fact may be grounds for permit denial or for permit revocation.

OUTDOOR ADVERTISING DISPLAY PERMIT APPLICATION



Department of Transportation
Division of Traffic Operations MS-36
Outdoor Advertising Branch
P.O. Box 942874
Sacramento, CA 94274-0001
(916) 654-6473
(916) 651-9359 FAX

